

Cardiology doses

هذه الجرعات هي الجرعات الاله في الكارديولوجي و لازم تكتب في الامتحان بخط واضح
و كبير وجوه مستطيل

1 - ttt of hyperlipidemia :

تكتبها بنسبة 100 % في الامتحان

Statin : 20 - 80 mg / d SE : myositis

Fenofibrate : 300 mg / d

Omega 3 (fish oil)

2- Digitalis in ttt of HF : P 12

- Digitalization : (to reach optimum therapeutic level)

2 tab daily for 5 days (oral)

- Maintenance dose 0.5 - 1 tab daily (oral)

3- Nitrates in ttt of Angina : P 53

- Nitroglycerine (nitromac) : 2.5 mg twice daily orally or transdermal patches

- Isosorbide dinitrate (dinitra) 10 - 20 mg twice daily

- Isosorbide mononitrate (effox) : 20 - 40 mg twice daily

ttt of anginal attack :

Nitroglycerine (0.5 mg) or isosorbide dinitrate (5mg) sublingually & repeated up to 3 times with interval of 3 minutes.

4- Myocardial infarction :

Streptokinase : 1.5 million units IV over 60 min

5- ttt of Infective endocarditis : P 73 , 74

6- Systemic hypertension :

Na nitroprusside : 0.5 - 2 μ g / kg /min infusion

7- Pulmonary embolism :

Doses of anticoagulants P 105 , 106

Endocrine doses

1- DM :

- Dose of insulin : P 80
- DKA : P 75 don't forget the doses of the following :
 - i- Short acting insulin : 5 – 10 U / hour infusion
When blood glucose < 250 mg/dl : reduce insulin to 2 – 4 U / hour
 - ii- Fluid therapy : 6 – 8 L is usually required.
At first saline is given , then change to glucose 5 % when blood glucose < 250 mg/dl
 - iii- K therapy : add 20 – 40 m.eq to each 1 L of fluid.

2- SRG :

Caushing : Suppression test by dexamethazone

- Small dose : 0.5 mg / 6h for 2 days
- Large dose : 2 mg / 6h for 2 days

Addison :

- Cortisone : 7.5 mg / d
- Flurocortisone : 0.1 – 0.2 mg/d

Addisonian crisis : Hydrocortisone : 50 mg / 6h

NB : Dexamethasone 2mg IV is indicated before or during ACTH test because it will not interfere with plasma cortisol assay.

3- Thyroid :

- Antithyroid drugs :

- Methyl thyouracil : 200 mg tds then reduce after 2 months to 100 mg tds for 2 years
- Propyl thyouracil : 100 mg tds then reduce after 2 months to 50 mg tds for 2 years
- Carbimazole : 20 mg tds then reduce after 2 months to 10 mg tds for 2 years

Thyrotoxic crisis :

- ◇ Propyl thyouracil : 200 mg / 4 h orally , rectally or nasogastric.
- ◇ Propranolol : in full dose (1mg/ 5 min IV then 100 mg / 6h orally)

Hypothyroidism : L thyroxin : start with 50 µg/d & gradually up to 100 – 200 µg / d orally

Myxedema coma : Thyroxine 250 µg IV

Liver doses

1- Chronic hepatitis :

- **Interferon :** in ttt of chronic active viral hepatitis : P 42

HBV : 5 million units SC 3 times / week for at least 3 months

HCV : 3 million units SC 3 times / week for at least 6 - 12 months

Interferon long acting (Peg- intron) : SC may be used only once a week.

Monitoring :

1- PCR :

If no response after 3 months : stop the drug

2- CBC :

Stop the drug if WBCs < 3000 or platelets < 100000 /cmm

3- The patient must be monitored carefully for side effects including :

flu-like symptoms, depression, BM depression,

NB : *Ribavirin , Levamisole may be added to interferon.*

- Dose of cortisone in ttt of autoimmune hepatitis :

1st week : 30 mg/d then maintenance dose : 15 mg/d for 6 months – 3 years

- If full remission : withdraw the drug slowly.

- If no remission : continue maintenance & azathioprine 50 – 100 mg/d may be added.

2- ttt of ascites in hepatic patients : don't forget the dose of :

- Spironolactone : in full dose 100 – 400 mg/day

- Lasix : 40 mg/d (one tab / day)

3- Vasopressin in ttt of acute attack of esophageal varices :

20 unit in 200 ml glucose 5% over 20 minutes.